



**Commonwealth of Virginia
Department of the Treasury
Unclaimed Property Division**

Fax to: (804) 786-4653
Or Mail to: P. O. Box 2478
Richmond, VA 23218



Request for participation in the Commonwealth of Virginia Unclaimed Property Voluntary Compliance Program:

Company Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

State of Incorporation of Company: _____

Location of Accounting Records (City, State): _____

FEIN for Company: _____

Number of Employees: _____ Number located in Virginia: _____

Industry Type: _____ NAICS: _____

Requested By: _____

Title: _____

Date: _____

Contact Name: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

To be completed by the Division of Unclaimed Property:

Date received: _____

Received by: _____

Participation number assigned: _____